

SNEEDE V. KIZER
FEDERAL POVERTY LEVEL (FPL) PROGRAMS FOR
PREGNANT WOMEN AND INFANTS (INCOME DISREGARD, 200 PERCENT[%]),
CHILDREN AGES 1 THROUGH 5 (133 PERCENT [%]), AND
CHILDREN AGES 6 THROUGH 18 (100 PERCENT [%])

Case name	Case number	Effective date (month/year)
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INSTRUCTIONS:

1. Complete this form for **all** of the potential percentage program eligibles whose MBU has a share-of-cost.
2. **Net Nonexempt Family Income:** enter the **full** net nonexempt income of the percent (%) program eligible and his/her responsible relatives (i.e., spouse or natural/adoptive parent); do not enter the **Sneede** allocations.
 - a. **If the potential percent (%) program eligible is:**
 - an unmarried pregnant woman, use only her income;
 - a pregnant minor, do not use her parents' income, if they are in the home, if it causes her to be ineligible;
 - a married pregnant woman, use her and her spouse's income;
 - a child, use the child's and natural/adoptive parents' income, if they are in the MFBU.
 - b. **If the potential percent (%) program eligible and/or his/her responsible relatives are:**
 - AFDC-MN/MI, add lines 20 and 25 from MC 175-3I;
 - ABD-MN, first complete another MC 175-3I (lines 1 through 25), allow only AFDC-MN deductions, and enter the total from lines 20 and 25.
 - c. **When only the separate children of one spouse want Medi-Cal, full net nonexempt parental income does *NOT* include income allocations to persons outside of the MFBU.** (Use amount from MC 176 W.1, line 30, for responsible relative net nonexempt income.)

A. NET NONEXEMPT FAMILY INCOME DETERMINATION

1. Name of potential percent (%) program eligible in MBU with SOC					
2. Name of responsible relative number 1					
3. Name of responsible relative number 2					
4. Full net nonexempt income of percent (%) program eligible	\$	\$	\$	\$	\$
5. Full net nonexempt income of responsible relative number 1	\$	\$	\$	\$	\$
6. Full net nonexempt income of responsible relative number 2	\$	\$	\$	\$	\$
7. Total net nonexempt family income (add lines 4, 5, and 6 and enter on B.4.)	\$	\$	\$	\$	\$

B. ELIGIBILITY DETERMINATION Number of persons in MFBU _____

1. Name of potential percent (%) program eligible					
2. Potential percent (%) program (check one)	<input type="checkbox"/> Income disregard 200 percent (%) <input type="checkbox"/> 133 percent (%) <input type="checkbox"/> 100 percent (%)	<input type="checkbox"/> Income disregard 200 percent (%) <input type="checkbox"/> 133 percent (%) <input type="checkbox"/> 100 percent (%)	<input type="checkbox"/> Income disregard 200 percent (%) <input type="checkbox"/> 133 percent (%) <input type="checkbox"/> 100 percent (%)	<input type="checkbox"/> Income disregard 200 percent (%) <input type="checkbox"/> 133 percent (%) <input type="checkbox"/> 100 percent (%)	<input type="checkbox"/> Income disregard 200 percent (%) <input type="checkbox"/> 133 percent (%) <input type="checkbox"/> 100 percent (%)
3. Enter FPL for percent (%) program shown in B.2. based on the number of persons in MFBU.	\$	\$	\$	\$	\$
4. Enter total net nonexempt family income (from A.7.)	\$	\$	\$	\$	\$
5. Is total net nonexempt family income (B.4.) less than or equal to amount in B.3.?	<input type="checkbox"/> Yes, eligible (continue) <input type="checkbox"/> No, deny FPL Program	<input type="checkbox"/> Yes, eligible (continue) <input type="checkbox"/> No, deny FPL Program	<input type="checkbox"/> Yes, eligible (continue) <input type="checkbox"/> No, deny FPL Program	<input type="checkbox"/> Yes, eligible (continue) <input type="checkbox"/> No, deny FPL Program	<input type="checkbox"/> Yes, eligible (continue) <input type="checkbox"/> No, deny FPL Program
6. Person number (optional)					
7. Aid code (optional)					
8. MBU number (optional)					

Eligibility Worker signature

Worker number

Computation date